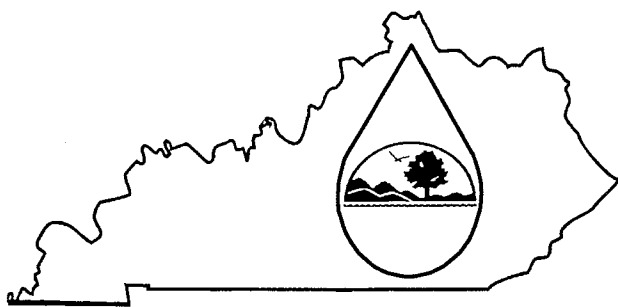
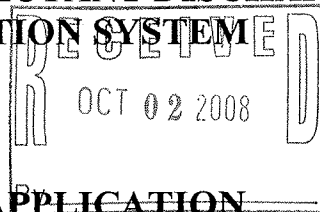


AZ# 2924



# KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



## PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

OK 2008

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE	0086991
A. Name of business, municipality, company, etc. requesting permit <u>KENTUCKY LAKE KOA Campground</u>		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.	
B. Facility Name and Location <u>SAME</u>		Facility Contact Name and Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> <u>C. JAY WILSON</u>	
Facility Location Name: <u>CALVERT CITY KOA Campground</u>		Mailing Address: <u>4793 US Hwy. 62</u>	
Facility Location Address (i.e. street, road, etc., not PO Box): <u>4793 US Hwy 62</u>		Mailing City, State, Zip Code: <u>CALVERT City, Ky. 42029</u>	
Facility Location City, State, Zip Code: <u>CALVERT City, Ky. 42029</u>		Facility Contact Telephone Number: <u>270-395-5841</u>	

<b>II. FACILITY DESCRIPTION</b>	
A. Provide a brief description of activities, products, etc: <u>CAMPGROUND FACILITY PROVIDING BATHROOMS, LAUNDRY, DUMP STATION, DUMPSITES FOR RV UNITS. TO ACCOMMODATE PEOPLE WITH VARIOUS CAMPING UNITS.</u>	
B. Standard Industrial Classification (SIC) Code and Description	
Principal SIC Code & Description:	<u>REFER TO STEP A.</u>
Other SIC Codes:	<u>7033 Recreational Vehicle Parks and Campsites</u>

<b>III. FACILITY LOCATION</b>	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: <u>MARSHALL</u>	City where facility is located (if applicable): <u>HWY. 95 South of CALVERT City</u>
C. Body of water receiving discharge: <u>LONE VALLEY BRANCH AT M 1. PT. 4.77</u>	
D. Facility Site Latitude (degrees, minutes, seconds): <u>37 00 01</u>	Facility Site Longitude (degrees, minutes, seconds): <u>88 21 05</u>
E. Method used to obtain latitude & longitude (see instructions):	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

**IV. OWNER/OPERATOR INFORMATION****A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Telephone Number:

Operator Mailing Address (Street):

Operator Mailing Address (City, State, Zip Code):

Is the operator also the owner?

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐Yes ☒ No ☐

Certification Class:

Certification Number:

**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

Issue Date of Current Permit:

Expiration Date of Current Permit:

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

**VI. DISCHARGE MONITORING REPORTS (DMRs)**

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

MICROBAC LABORATORIES

DMR Official Telephone Number:

502-962-6400

**B. DMR Mailing Address:**

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

MICROBAC LABORATORIES, INC.

DMR Mailing Address:

3323 GILMORE INDUSTRIAL BLVD.

DMR Mailing City, State, Zip Code:

LOUISVILLE, KY. 40213

## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Filing Fee Enclosed:

SMALL NON-PUBLICLY OWNED TREATMENT WORKS

\$200.00

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

TELEPHONE NUMBER (area code and number):

Mr. ☒ Ms. ☐

C. Jay Wilson - owner

270-395-5841

SIGNATURE

DATE:

C. Jay Wilson

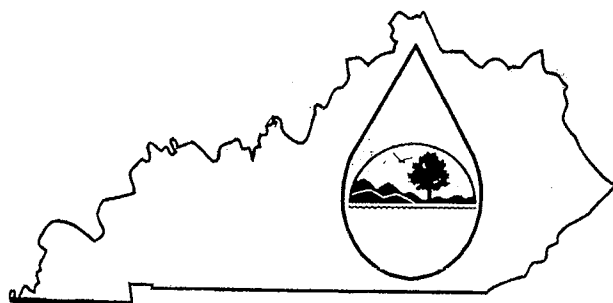
9/27/08

0514 CALVERT CITY  
CALVERT CITY KOA CAMPGROUND  
KY0086991 MARSHALL CO.



102  
101  
100  
99  
98  
97  
96  
260 000  
FEET  
PADUCAH 15 MI.  
8.9 MI. TO U.S. 68

37°00'  
88°22'30"  
378  
3.7 MI. TO U.S. 68  
0-1000 FEET  
LOCATION  
OF MARINE POINT  
381  
20'



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: <u>KENTUCKY LAKE KOA CAMPGROUND</u>											
I. FACILITY DISCHARGE FREQUENCY					AGENCY USE						
					0	0	8	6	9	9	1
A. Do discharge(s) occur all year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week? <u>7</u>											
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): <div style="display: flex; justify-content: space-between;"> <div> <u>APRIL &amp; MAY</u>  <u>JUNE, JULY &amp; AUGUST</u>  <u>SEPTEMBER &amp; OCTOBER</u> </div> <div>           Gallons            From 1,000 to 3,000 Per Day            From 2,000 to 5,000 Per Day            From 2,000 to 4,000 Per Day         </div> </div>											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:											
MGD											

### III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	00	01	88	21	05	Lone Valley Creek

Method used to obtain latitude/longitude  
 (i.e. GPS unit, USGS topographic map coordinates, etc.)

**IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)**

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Campground			1-L 2-F
	SANITARY WATER (WASTE) <i>See PACKAGE TREATMENT PLANT</i>			3M 4A 5A

**V. Check the type(s) of wastewater discharged.**

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste  
☐ Noncontact cooling water
 ☐ Other (list):

**VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** ☐ Yes ☒ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:  
☐ Publicly-owned treatment works (POTW). Name of POTW:  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

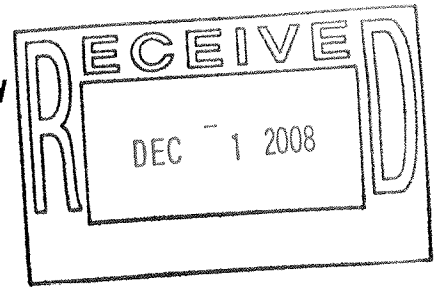
**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

**Kentucky Lake KOA Campground**  
4793 U.S. Hwy 62  
Calvert City, KY 42029  
270-395-5841



November 26, 2008

Re KPDES NO. KY0086991  
AL ID 2924  
Marshall County, Kentucky

Division of Water, Surface Water Permit Branch  
ATTN: Mr. William Shane  
200 Fair Oaks Lane  
Frankfort, KY. 40601

Dear Mr. Shane,

Being a seasonal campground, we closed November 1st. We were out of town at the time the letter arrived pertaining to changes necessary for permit renewal. Therefore, we are going to be a little late in getting this taken care of.

Regarding the items not shown with test results, I am requesting a waiver or a delay testing until tests are run for April '09.

Thank you in advance for your consideration on this matter.

Sincerely,

C. Jay Wilson

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

**X. AREA SERVED (see instructions)**

NAME	ACTUAL POPULATION SERVED
55 Campsites	Varies, depending on time of year We are an over-night as well as a short term Vacation destination.
TOTAL POPULATION SERVED	



**XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS**

Additive	Composition	Concentration (mg/l)

**XII. EFFLUENT CHARACTERISTICS**


A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>	19 mg/L	11.28 mg/L	7
TOTAL SUSPENDED SOLIDS	21 mg/L	7.42 mg/L	7
FECAL COLIFORM	<10 colonies/100ml	<10 colonies/100ml	7
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA	0.41 mg/L	0.28 mg/L	7
DISCHARGE FLOW	1919 gal.	1070 gal	
PH	7.6	6.17	7
TEMPERATURE (WINTER)	13°C <del>14.1°C</del>	<del>11.1°C</del> 16.5°C	<del>2</del> 2
TEMPERATURE (SUMMER)	24.1°C	<del>17.22</del> 21.5°C	5

B. Frequency and duration of flow:

**XIII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): C. Jay Wilson (owner)	TELEPHONE NUMBER (area code and number): 270-395-5841
SIGNATURE 	DATE 9/27/08